

Massachusetts Department of Environmental Protection Bureau of Waste Site Cleanup

BWSC106A

Release Tracking Number RAM REMEDIAL MONITORING REPORT

3 - 362

Pursuant to 310 CMR 40.0400 (SUBPART D)		

A DESCRIPTION OF ACTIVE REMEDIAL SYSTEM OR ACTIVE REMEDIAL MONITORING PROGRAM: Ye A Active Remedial System (check all that apply)			Remedial System or Monitoring Program: 1 of: 1								
□ A. Active Remedial System: (check all that apply) □ NAPL Recovery □ I. Soll Vapor Extraction/Bioventing □ III. Vapor-phase Carbon Adsorption □ IV. Groundwater Recovery V. Dual/Multi-phase Extraction VI. Aqueous-phase Carbon Adsorption VII. Agriculture VIII. Sparging/Biosparging □ IX. Cat/Thermal Oxidation VIII. Agriculture VIII. Sparging/Biosparging □ IX. Cat/Thermal Oxidation VIII. Agriculture III. To Groundwater (Injection) □ III. To the Surface □ IX. Cative Remedial Monitoring Program Without the Application of Remedial Additives: (check all that apply) □ IX. Cative Remedial Monitoring Program Without the Application of Remedial Additives: (check all that apply) □ IX. Reactive Wall □ IX. Natural Attenuation III. Other Describe: IX. Reactive Wall □ IX. Natural Attenuation III. Other Describe: IX. System Effluent/Discharge: (check all that apply) □ IX. System Effluent/Discharge: (check all that apply) IX. System Effluent/Discharge: (check	A.	DES	CRIPTION OF ACTIVE REMEDIAL SYSTEM OR ACTIVE REMEDIAL MONITORING PROGRAM:								
iv. Groundwater Recovery v. Dual/Multi-phase Extraction vi. Aqueous-phase Carbon Adsorption vii. Air Stripping viii. Sparging/Biosparging ix. Cat/Thermal Oxidation vii. Air Stripping viii. Sparging/Biosparging ix. Cat/Thermal Oxidation vii. Arctive Poscribe: b. Application of Remedial Additives: (check all that apply) ii. To the Subsurface iii. To Groundwater (Injection) iii. To the Surface c. Active Remedial Monitoring Program Without the Application of Remedial Additives: (check all that apply; Sections C, D and E are not required; attach supporting information, data, maps and/or sketches needed by checking Section F5) ii. Reactive Wall ii. Natural Attenuation iii. Other Describe: viii. Other Describe: viii. Nother Describe: viiii. Nother Describe: viiii. Nother Describe: viiii. Nother Describe: viiii. Nother Describe: viiiii. Nother Describe: viiiiii. Viiiiiiiiiiiiiiiiiiiiiiiiiiiii	1.		a. Active Remedial System: (check all that apply)								
vii. Air Stripping viii. Sparging/Biosparging ix. Cat/Thermal Oxidation x. Other Describe: b. Application of Remedial Additives: (check all that apply) ii. To the Sudsurface ii. To Groundwater (injection) iii. To the Surface c. Active Remedial Monitoring Programs Without the Application of Remedial Additives: (check all that apply; Sections C, D and E are not required; attach supporting information, data, maps and/or sketches needed by checking Section F5) i. Reactive Wall ii. Natural Attenuation iii. Other Describe: 2. Mode of Operation: (check one) ii. Natural Attenuation iii. Other Describe: 3. System Effluent/Discharge: (check all that apply) a. Sanitary Sever/POTW b. Groundwater Re-infiltration/Re-injection: (check one) i. Downgradient ii. Upgradient c. Vapor-phase Discharge to Ambient Air: (check one) ii. Off-gas Controls iii. No Off-gas Controls d. Drinking Water Supply e. Surface Water (including Storm Drains) f. Other Describe: B. MONTORING FREQUENCY: Reporting period that is the subject of this submittal: From: 6/1/2008 To: 12/1/2008 (mm/dd/yyyy) x. System Startup: (if applicable) ii. Days 1, 3, 6, and then weekly thereafter, for the first month. v ii. Other Describe: DAYS 0, 1, 2, 6, 7 THEN 2X PER WK, THEN 1X PER WK b. Post-system Startup (after first month) or Monitoring Program: ii. Monthly iii. Quarterly iii. Other Describe: DAYS 0, 1, 2, 6, 7 THEN 2X PER WK, THEN 1X PER WK b. Post-system Startup (after first month) or Monitoring events were conducted during the reporting period. C. EFFLUENT/DISCHARGE REGULATION: (check one to indicate how the effluent/discharge limits were established) 1. NPDES: (check one) a. Remediation General Permit b. Individual Permit (mm/dd/yyyy)											
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4. Other Describe: NO DISCHARGE, NAPL RECOVERY ONLY	C .	3. EFF	a. System Startup: (if applicable) i. Days 1, 3, 6, and then weekly thereafter, for the first month. DAYS 0, 1, 2, 6, 7 THEN 2X PER WK, THEN 1X PER WK b. Post-system Startup (after first month) or Monitoring Program: i. Monthly ii. Quarterly iii. Other Describe: Check here to certify that the number of required monitoring events were conducted during the reporting period. FLUENT/DISCHARGE REGULATION: (check one to indicate how the effluent/discharge limits were established) NPDES: (check one) a. Remediation General Permit c. Emergency Exclusion Effective Date of Permit: (mm/dd/vvvv)								
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Massachusetts Department of Environmental Protection Bureau of Waste Site Cleanup

BWSC106A

RAM REMEDIAL MONITORING REPORT

Release	Tracking	Number

	Pursuant to 310 CMR A	•				of: 1	3	- 362	
1. a. l c. l 2. 3.	WATER TREATMENT PLANT OF Required due to Remedial Was Name: License No.: Not Required Not Applicable	stewater -	d. License	Plant in	te:	b. Grade: (mm/dd/yyyy)	REPOR	RTING PERI	OD:
(check all the check all the c	hat apply) The Active Remedial System was Days System was Fully Function NAPL Recovered (gals): Avg. Soil Gas Recovery Rate (so Remedial Additives: (check all the a. No Remedial Additives apples) b. Enhanced Bioremediation Addition and the second secon	as functional: 1277 ofm): nat apply)	nal one or 20	more da	ays eric	during the Reporting Period b. GW Recovered (gals): d. GW Discharged (gals) f. Avg. Sparging Rate (so	d. : cfm) : _		
	i. Nitrogen/Phosphorus: Name of Additive	Date	Quantity	Units		ii. Peroxides: Name of Additive	Date	Quantity	Units
	iii. Microorganisms: Name of Additive	Date	Quantity	Units		iv. Other: Name of Additive	Date	Quantity	Units
	c. Chemical oxidation/reduction i. Permanganates: Name of Additive	Date	Quantity		uar	ntity applied at the site for the li. Peroxides: Name of Additive	Date	nt reporting Quantity	units
	iii. Persulfates: Name of Additive	Date	Quantity	Units		iv. Other: Name of Additive	Date	Quantity	Units

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Massachusetts Department of Environmental Protection Bureau of Waste Site Cleanup

BWSC106A

RAM REMEDIAL MONITORING REPORT

Pursuant to 310 CMR 40.0400 (SUBPART D)

Release Tracking Number

3	_	362	
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	Remedial Sys	tem or Mo	onitoring P	rogram:	1	of: 1				7	
	TATUS OF ACTIVE REMEDIA	L SYSTEM	OR ACTIV	/E REMED	IAL M	ONITORING PROGRAM	DURING REPO	RTING PER	RIOD: (co	nt.)	
(cne	heck all that apply) d. Other additives applied: (total quantity applied at the site for the current reporting period)										
	Name of Additive	Date	1	Units		Name of Additive	Date	Quantity	Units		
	e. Check here if any ad of Additive, Date Applie						litional additive	s and inclu	ıde Nam	ne	
F. S	HUTDOWNS OF ACTIVE REM						· ·		-		
Ш	The Active Remedial Sy						_	-	Period.		
	a. Number of Unscheduled	Shutdowr	ns:	b. To	otal N	umber of Days of Unsch	neduled Shutdo	owns:			
	c. Reason(s) for Unschedule	ed Shutdo	owns:								
	2. The Active Remedial Sy	stem had	schedule	d shutdow	ns on	one or more occasions	during the Rep	oorting Pe	riod.		
	a. Number of Scheduled Shu	ıtdowns:		b. To	otal N	umber of Days of Sched	duled Shutdowr	ns:			
	c. Reason(s) for Scheduled	Shutdowr	ns:								
П	3. The Active Remedial Sy	stem or A	ctive Rem	edial Moni	itoring	Program was permane	ntly shutdown/	discontinu	ed durin	g the	
	Reporting Period.	Aonitorio a	Drogram	Chutdown							
	a. Date of Final System or Monitoring Program Shutdown: (mm/dd/yyyy)										
	b. No Further Effluent [_				<i></i>					
	c. No Further Application with 310 CMR 40.0046.		iedial Addi	tives planr	ned; sı	ufficient monitoring com	pleted to demo	onstrate co	mpliand	e	
	d. No Further Submittals Planned.										
	e. Other: Describe:										
G. S	UMMARY STATEMENTS: (che	eck all tha	t apply for	the curren	nt repo	rting period)					
V	All Active Remedial System performed when applicable	em check			-		olan and/or peri	mit were			
'	2. There were no significan		s or prolor	nged (>25%	% of re	porting period) unsche	duled shutdowi	ns of the A	ctive		
	Remedial System. 3. The Active Remedial Sys	tem or Ac	tive Reme	dial Monito	orina F	Program operated in cor	nformance with	the MCP.	and all		
<u>~</u>	applicable approval condition			a.a		regram operates in co.		, ,	aa a		
4.	Indicate any Operational Pr	oblems o	r Notes:								
늗	5 Check here if additional	l/eupporti	na Informa	tion data	mane	and/or skatches are a	ttached to the f	orm			

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